



CITY OF KIRKLAND

Department of Public Works

123 Fifth Avenue, Kirkland, WA 98033 425.587.3800

www.kirklandwa.gov

MEMORANDUM

To: Kurt Triplett, City Manager

From: John MacGillivray, Solid Waste Programs Lead
Ray Steiger, P.E., Public Works Director

Date: October 25, 2012

Subject: Letter of Support of King County Drug Take-Back Program

RECOMMENDATION

It is recommended that the City Council authorize the Mayor to sign a letter in support of establishing a pharmaceutical manufacturer-financed drug take-back program in King County.

BACKGROUND

At its October 16, 2012 meeting, Councilmember Walen indicated that the Suburban Cities Association was soliciting letters of support for its proposed public policy position in support of a King County drug take-back program.

Included as attachments to this memorandum are the proposed Suburban Cities Association public policy position; an informational letter from Mr. Joe McDermott, Chair of the King County Board of Health, explaining the status of the proposed King County take-back program; and a May 17, 2012 staff report to the King County Board of Health concerning the safe disposal of unused medications.

The Kirkland City Council has been consistent in its support of establishing of a secure medicine return program in the State of Washington. Backing of a drug take-back program was on the City Council's adopted 2009 Legislative Agenda and on its "support" agenda in 2011 and 2012. Additionally, the City Council has extended its support in two letters and one resolution since 2009:

- Letter of Support for Secure Medicine Return Bill ([February 3, 2009 Meeting Materials](#))
- Letter of Support for Safe Drug Disposal Act of 2009 ([July 20, 2010 Meeting Materials](#))
- Resolution in Support of a Pharmaceutical Drug Take-Back in the State of Washington ([December 12, 2012 Meeting Materials](#))

For the past several years, the Kirkland Police Department has participated in the DEA-sponsored National Pharmaceutical Drug Take-Back Day.

Please direct any questions regarding this letter and legislation to John MacGillivray, Solid Waste Programs Lead at extension 3804 or email at jmacgillivray@kirklandwa.gov.

DRAFT

November 8, 2012

Ms. Deanna Dawson
Executive Director
Suburban Cities Association
6300 Southcenter Blvd., Suite 206
Tukwila, WA 98188

Mr. Joe McDermott
Board of Health Chair
401 Fifth Avenue, Suite 1300
Seattle, WA 98104

RE: City of Kirkland Support for a King County Drug Take-Back Program

Dear Ms. Dawson and Mr. McDermott,

The Kirkland City Council would like to express its support of the Suburban Cities Association's proposed public policy position which supports the establishment of "...a King County product stewardship program that provides a safe and effective means of disposal of pharmaceutical products."

The Kirkland City Council also encourages the King County Board of Health to establish a convenient, safe, and secure medicine return program in King County to reduce the public safety and environmental impacts of unwanted medicines through a pharmaceutical manufacturer-funded take-back program that covers the costs of collection, transportation, and safe disposal, and does not rely upon local government funding.

If you have any questions concerning this letter, please don't hesitate to contact John MacGillivray, Solid Waste Programs Lead at (425) 587-3804 or jmacgillivray@kirklandwa.gov.

Sincerely,
Kirkland City Council

By Joan McBride, Mayor



October 10, 2012
SCA PIC Meeting

Item 5:

Board of Health Medicine Take Back in King County

Action Item

SCA Staff Contact

Doreen Booth, SCA Policy Analyst, office: 206-433-7147, cell: 425-275-7323

doreen@suburbancities.org.

Board of Health Members:

Ava Frisinger, Mayor of Issaquah; Suzette Cooke, Mayor of Kent; David Baker, Mayor of Kenmore (alternate).

Recommended Action:

To consider adoption of the following public policy position at the October 2012 PIC Meeting:

The Suburban Cities Association supports a King County product stewardship program that provides a safe and effective means of disposal of pharmaceutical products.

Background:

In September, Mayor Baker, Kenmore, made a presentation to the PIC members on current efforts to consider a King County pharmaceutical take back program.

SCA took a position on this issue on July 14, 2010:

SCA supports a product stewardship program that provides a safe and effective means of disposal of pharmaceutical products.

The proposed position adds the words “a King County” to show support for a King County program as there is no statewide pharmaceutical product stewardship program.

The existing July 14, 2010 position is proposed to remain in place to support a future program at the statewide level

Joe McDermott
Board of Health Chair

**401 Fifth Avenue
Suite 1300
Seattle, Washington
98104**

Members:

David Baker
Sally Clark
Richard Conlin
Suzette Cooke
Benjamin Danielson, MD
Reagan Dunn
Ava Frisinger
Bruce Harrell
Kathy Lambert
Nick Licata
Frankie Manning, RN
Bud Nicola, MD
Julia Patterson

Public Health Director:

David Fleming, MD

Administrator:

Maria Wood

October 1, 2012

RE: Secure Medicine Return in King County

Dear Stakeholder,

On May 17, 2012 the Board of Health heard a briefing about safe disposal of unused and expired medicines as part of its ongoing interest in protecting the health and safety of King County. The briefing was at the request of a board member and provided the latest information about the limited number of medicine take-back programs in the County, as well as the perspectives of several community members and stakeholders. As a follow up, I convened a subcommittee to further study this issue. Subcommittee members include myself, Board Member Conlin, Board Member Baker, Board Member Nicola and Director and Health Officer of Public Health David Fleming.

Misuse and preventable poisonings from household medicines are the fastest growing cause of addiction and overdose deaths in our communities:

- More people die from prescription medicines than from all illegal drugs combined;
- Most abusers of prescription drugs get the pills from a friend or relative's medicine cabinet;
- Prescription medicines are the drug of choice among 12 and 13-year olds;
- Preventable poisonings from medicines have also been rising rapidly, especially among kids and seniors; and
- 32% of child poisoning deaths in Washington were caused by someone else's prescription medication and 26% were caused by over-the-counter medications.

This is why the Board of Health is exploring ways to protect public health by reducing the amount of unused medicines in people's homes and ensuring convenient and safe options for disposal of unused medicines. Convenient, secure medicine take-back programs allow residents to safely remove leftover and expired medicines from their medicine cabinets, reducing risks in the home and reducing the supply of dangerous drugs in the community. Proper disposal of waste medicines also prevents those drugs from contributing to pharmaceutical pollution in our waterways, and to trace amounts of these chemicals that are detected in some drinking water supplies.

The Board of Health expects to have a public hearing on secure medicine return at future regular meeting in the coming months. For details on the public hearing and other updates on this work, please visit our webpage at:

<http://www.kingcounty.gov/healthservices/health/BOH/MedicineTakeback.aspx>

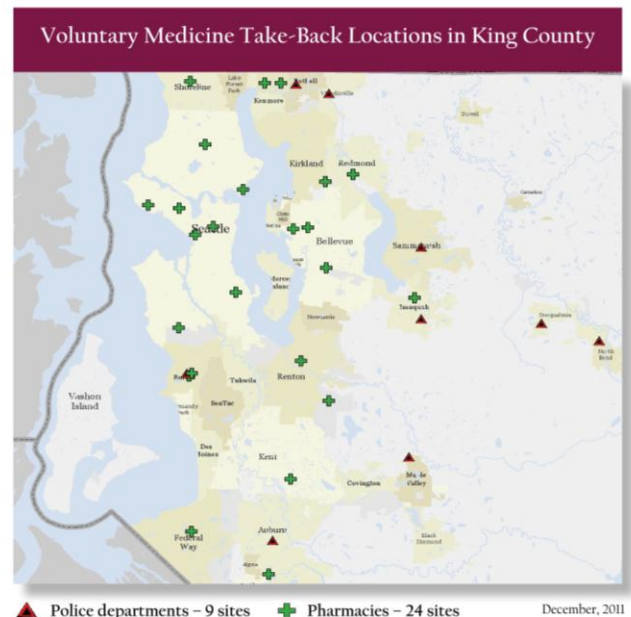
Sincerely,



Joe McDermott
Chair, King County Board of Health
King County Councilmember

Voluntary Medicine Take-Back Programs in King County

Group Health offers medicine take-back at 12 clinical pharmacies (25 locations statewide) and Bartell Drugs is able to offer medicine take-back at 12 of its 43 retail pharmacies. Currently, 9 city police stations maintain ongoing medication collection sites, and 25 law enforcement agencies, including the King County Sheriff and Port of Seattle Police, have participated in semi-annual Drug Enforcement Administration (DEA)-coordinated take-back events since 2010. In King County, the Household Hazardous Waste Phone Line has experienced a 300% increase in resident inquiries since 2009 about where to take-back left-over or expired medicines.



Barriers to Additional Medicine Take-Back Programs & a Comprehensive Take-Back System in King County

1. **Convenience and Access.** The voluntary medicine take-back sites are too limited in number and geographic distribution to meet the needs of the county's residents. There are no ongoing collection sites for narcotics and other controlled substances in the county's largest cities. Access to the existing voluntary take-back sites is particularly limited for county residents with limited mobility or access to transportation, such as seniors or disabled residents.
2. **Financing.** A dedicated and adequate source of funding is a key barrier to providing a comprehensive take-back system. Over-stretched local law enforcement and local government budgets cannot absorb the costs of providing a take-back system, leaving most of our communities without secure and environmentally sound options for disposal of leftover medicines. Existing voluntary programs lack funds for adequate education and promotion to increase effectiveness.
3. **Challenges in Collection of Controlled Substances.** About 11% of prescription drugs dispensed are legally prescribed controlled substances, such as OxyContin, Vicodin, and Ritalin. The U.S. DEA regulations that currently prevent collection of controlled substances by anyone other than law enforcement are being changed to authorize collection of controlled drugs by medicine take-back programs. The draft regulations are anticipated in late 2012. While working on rule-making since fall 2010, the DEA has coordinated semi-annual National Prescription Drug Take-Back Days, which rely on local law enforcement participation and resources. The DEA plans to stop coordinating these take-back days once the new regulations for collection of controlled drugs are finalized.
4. **Lack of an Efficient System.** Without a countywide system, each law enforcement unit, municipality, or pharmacy has developed and implemented their medicine take-back program independently. LHWMP has provided technical assistance and some limited resources, but take-back sites lack coordination and any efficiency of scale for transportation, disposal or program promotion. Anecdotally, community partners and take-back locations report that residents are frustrated when they look for, or hear about, medicine take-back programs, then discover there is no convenient collection site in their neighborhood.



King County

King County Board of Health

Staff Report

Agenda item No: 9

Briefing No: 12-B06

Date: May 17, 2012

Prepared by: Margaret Shield, Jeff Gaisford,
Maria Wood

Subject

Safe Disposal of Unused Medications

Purpose

Provide a report to the Board of Health on the status of efforts to create secure and environmentally sound disposal mechanisms for unwanted medicines from residents of King County.

Summary

The misuse of prescription drugs has emerged as a national epidemic over the last decade. A comprehensive system for safe disposal of unneeded prescription and over-the-counter drugs from residents does not yet exist. A limited number of voluntary take-back programs in King County are collecting large amounts of medicines, and have demonstrated secure protocols, but are not available in enough locations to adequately serve all county residents. Product stewardship programs, where the producer of a product takes primary responsibility for managing a product throughout its lifecycle, are increasingly being implemented in the United States, especially to address toxic and hard-to-handle products.

Background

The misuse of prescription drugs has emerged as a national epidemic over the last decade. Amounts of prescription drugs dispensed have increased overall; in particular, the quantity of prescription painkillers sold to pharmacies, hospitals, and doctors' offices in 2010 has quadrupled since 1999. With the rise in the amount of prescription drugs available has come an increase in the number of drug-related fatalities as well as non-fatal poisonings —nationally and here in King County. Large amounts of prescription and over-the-counter medicines go unused for a variety of reasons. In the 2011 action agenda “Epidemic: Responding to America’s Prescription Drug Abuse Crisis,” federal agencies issued a call for action in four major areas: (1) education of providers and the community, (2) prescription drug monitoring programs, 3) consumer friendly and environmentally-responsible drug disposal, and (4) enforcement to shut down “pill mills” and “doctor shopping.” Efforts are underway in Washington State on many of these

recommendations.¹ However, a comprehensive system for safe disposal of unneeded prescription and over-the-counter drugs from residents does not yet exist in King County or nationally.

A limited number of voluntary take-back programs in King County are collecting large amounts of medicines, and have demonstrated secure protocols, but are not available in enough locations to adequately serve all county residents. Currently in King County, medicine take-back programs are operating at 9 police stations and at 22 pharmacies. Due to the tremendous need for drug take-back, the Drug Enforcement Administration has been offering limited assistance to local law enforcement to provide semi-annual National Pharmaceutical Take-Back one-day events. This federal involvement is short-term until the Drug Enforcement Administration issues new regulations for collection of controlled substances without the involvement of law enforcement. Convenient and permanent drop-off locations and disposal options are needed to help solve the problem, but developing a sustainable financing model is one of the barriers.

Past Board of Health Actions:

The Board of Health has supported the creation of safe medicine take-back programs as part of a comprehensive strategy to reduce the epidemic of overdoses, misuse, and preventable poisonings from medications, and to reduce environmental pollution from waste pharmaceuticals. The Board of Health has received briefings from the LHWMP on the status of medicine take-back initiatives in the past and taken actions to support creation of secure medicine take-back systems.

In May 2009, the Board of Health sent a letter to Congressman Jay Inslee stating support for federal legislation to amend the Controlled Substances Act. Congressman Inslee's work ultimately resulted in the passage of "Secure and Responsible Drug Disposal Act of 2010" which has authorized the DEA to write new regulations for collection of controlled substances by medicine take-back programs.

In April 2010, the BOH approved the Local Hazardous Waste Management Program's Plan Update, which includes support for managing hazardous materials, such as pharmaceuticals, through product stewardship approaches and working to pass extended producer responsibility legislation for pharmaceuticals (Section 6.3).

On April 25, 2011, the King County Council approved a Recognition supporting the second National Prescription Drug Take-back Day, held on April 30, 2011. The Recognition urged "all county residents to take advantage of this opportunity to safely dispose of unused, unneeded, or expired prescription drugs and prevent these easily available and potentially deadly drugs from being diverted or misused."

¹ Education programs for providers and the community and a 2010 Washington law established new rules for practitioners on prescribing and management for chronic pain patients. Prescription drug monitoring is already the law and the program launched in October 2011. Actions to stop "pill mills" and improper prescribing are ongoing.

The King County Comprehensive Solid Waste Management Plan approved in 2001 by the King County Council and suburban cites states support for product stewardship approaches to prevent potential harm from toxic materials.

Analysis

As noted earlier, the misuse of unused prescription drugs has emerged as a national epidemic with the quantity of prescription painkillers sold to pharmacies, hospitals, and doctors' offices quadrupling from 1999 to 2010. With the rise in the amount of prescription drugs available has come an increase in the number of drug-related fatalities as well as non-fatal poisonings — nationally and here in King County. Drug overdoses have surpassed car crashes as the leading cause of accidental deaths in Washington. The majority of overdoses involve prescription opiates.² In 2010, the Medical Examiner reported 209 fatal overdoses, with 130 involving prescription-type opiates and 79 involving prescription sedatives.³

This problem affects children, as well as adults. Child death review data from King County (2008-2010) found that 7 of 10 deaths of children aged 10-17 years were due to a drug or multiple drugs, with 86% involving prescription drugs and 29% involving over-the-counter drugs.⁴ In addition, more than three out of five teens say prescription pain relievers are easy to get from parents' and grandparents' medicine cabinets.⁵

Expired or left-over medicines that accumulate in home medicine cabinets contribute to rapidly increasing rates of poisonings, overdoses, and drug abuse. Public Health-Seattle & King County, the Local Hazardous Waste Management Program, and local agencies throughout the county are encouraging residents to store medicines securely in their homes, and dispose of unused medicines properly when no longer needed.

Recommendations for proper disposal have changed in recent years with growing concerns about accidental overdoses and poisonings, impacts of pharmaceutical pollution on aquatic species and the detection of trace levels of a wide array of drugs in some municipal drinking water supplies. Trash disposal of medicines is an undesirable disposal option both for security and environmental protection. Because trash cans at the curb are not secure, residents have been given advice on how to disguise medicines in attempt to prevent theft. King County landfills generate millions gallons a year of leachate, which is pumped to sewage treatment facilities not designed to remove complex chemicals prior to discharging effluent into Puget Sound. Contamination of municipal drinking water supplies by low levels of a complex mixture of pharmaceuticals is another growing concern. Medicine take-back programs can securely collect drugs and safely dispose of them by high temperature incineration.

² CADCA's summary: "More People Killed by Drugs Than by Car Accidents in Some States". October 8, 2009. Available online at: <http://www.cadca.org/resources/detail/more-people-killed-drugs-car-accidents-some-states>.

³ Banta-Green, C. et al. (2010). Drug Abuse Trends in the Seattle/King County Area: 2010. Accessed online at: http://adai.washington.edu/pubs/cewg/CEWG_Seattle_June2011.pdf

⁴ Sabel, J. (2004). *Washington State Childhood Injury Report – Poisoning Chapter*. WA DOH. Available online at: http://www.doh.wa.gov/hsqa/emstrauma/injury/pubs/wscir/WSCIR_Poisoning.pdf, accessed 12/4/09.

⁵ Washington State Department of Health. (2008). "Poisoning and drug overdose."

Federal Law Changes to Facilitate Collection of Controlled Substances:

Under the federal Controlled Substances Act, the Drug Enforcement Administration closely regulates the distribution of prescription drugs that are legally prescribed controlled substances, such as OxyContin, Vicodin, and Ritalin. About 11% of prescription drugs dispensed are legally prescribed controlled substances. Drug Enforcement Administration regulations do not allow patients to return unused quantities of controlled substances to the dispensing pharmacy or prescribing doctor. Currently, these controlled drugs can only be legally collected by law enforcement.

This complication in federal law is being remedied. In October 2010, the “Secure and Responsible Drug Disposal Act” was passed to amend Controlled Substances Act to facilitate the collection of controlled drugs by medicine return programs. The law does not mandate creation of medicine take-back programs or provide any funding, but it has authorized the Drug Enforcement Administration to promulgate regulations that will authorize new options for collection of controlled drugs without participation of law enforcement. The draft regulations are anticipated in late summer or early fall of 2012.

Model medicine take-back programs in Washington State:

In Washington, take-back programs operated by law enforcement, pharmacies, and local governments are relatively new. Since 2005, the Local Hazardous Waste Management Program has worked with several local government agencies, non-profits, Group Health and Bartell Drugs to develop a model pharmacy-based medicine return program. They are not comprehensive or widely promoted due to limited funding. However, these voluntary programs have demonstrated the feasibility of secure protocols and confirmed that residents will utilize medicine take-back programs.

This partnership has resulted in Washington State Board of Pharmacy-approved protocols and safe disposal of more than 90,000 pounds of medicines from six counties. In King County, Group Health offers medicine take-back at 11 clinical pharmacies and Bartell Drugs is able to offer medicine take-back at 11 of its 43 retail pharmacies. Currently, in King County, nine city police stations maintain ongoing medication collection sites, and 25 law enforcement agencies, including the King County Sheriff and Port of Seattle Police, have participated in Drug Enforcement Administration-coordinated take back events since 2010. Ongoing medication collection where available is funded by local jurisdictions and is an unsustainable model.

There are a few take-back programs in place or under development in other countries and in the U.S. including Vancouver, British Columbia, the city of San Francisco, and most recently proposed in Alameda County, California. See Attachment 4 for more details.

Financing is the key barrier to providing a comprehensive take-back system within the County. Over-stretched local law enforcement and local government budgets cannot absorb the costs of providing a take-back system, leaving most of our communities without secure and environmentally sound options for disposal of leftover medicines.

Other Industries Dealing with Safe Disposal of Hazardous Waste:

Product stewardship programs, where the producer of a product takes primary responsibility for managing a product throughout its lifecycle, are well-established in other countries including Canada, Europe, and Australia. These programs are increasingly being implemented in the United States, especially to address toxic and hard-to-handle products. Because product manufacturers incorporate the costs of proper disposal or recycling into their business models, the product stewardship model provides sustainable financing for convenient and effective take-back systems. Product stewardship programs may be implemented voluntarily by the product manufacturers, or required through legislation. Other stakeholders, such as suppliers, retailers, waste management businesses, and consumers also have roles in providing effective product stewardship programs. Examples of product stewardship programs implemented in the U.S. include:

1. **Rechargeable Batteries** - For 17 years, the Rechargeable Battery Recycling Corporation (RBRC), a non-profit trade association voluntarily organized by rechargeable battery manufacturers, has operated the Call2Recycle program to safely collect and recycle rechargeable batteries, which contain a variety of heavy metals that should not be disposed of in solid waste landfills. 70,000 collection sites across North America voluntarily participate in the program, including large retail chains, small independent retailers, other businesses, and local government waste collection sites including municipalities in King County. A battery product stewardship bill was introduced in the last legislative session by the battery industry.
2. **Paint** - The American Coatings Association (ACA) has been working for a number of years with local governments across the U.S. to develop product stewardship solutions for safe recycling of latex paint and safe disposal of oil-based paint and stains. ACA is now seeking state-level legislation to authorize the system, with oversight by the state agency. The legislation has passed in Oregon, California, and Connecticut and has been introduced in five other states. In Washington, a paint product stewardship bill was considered during the 2012 legislative session and will be re-introduced in 2013 by the ACA and other stakeholders, including local governments. A PaintCare program will relieve financial burdens on local governments, who are currently paying for safe disposal of paint, and will create a new industry for latex paint recycling in our state.
3. **Electronic Waste** - The largest number of U.S. product stewardship laws, currently in 24 states, require manufacturers of electronic products to operate safe recycling programs. Washington's Electronic Recycling Law, the second in the nation passed in 2006, requires manufacturers of computers, monitors and TVs to provide recycling services free of charge to residents, schools, small businesses, small governments, and charities. For King County, the manufacturer's E-Cycle program has meant that residents do not have to pay a fee to recycle a TV or computer, recycling rates for e-waste have roughly doubled, and illegal dumping of toxic e-waste has been reduced.

Other voluntary and legislated product stewardship programs in the U.S. address products such as auto switches, carpet, cell phones, fluorescent lighting, mercury lighting, mercury thermostats, and agricultural pesticide containers.

Proposed legislation in Washington State:

Legislation to establish a sustainably financed statewide medicine take-back system has been introduced and considered by the Washington State Legislature for the past four sessions. In the 2011/2012 legislature, SB 5234/HB 1370 would have required drug producers selling medicines in Washington State to provide, finance, and promote a safe, convenient program for return and disposal of leftover and expired medicines. Pharmaceutical manufacturers would design the take-back system within parameters defined in the legislation. Collection of medicines would be accomplished through voluntary partnerships with pharmacies, law enforcement offices, hospitals, fire stations, and others authorized to handle collected medicines under state and federal regulations. The bills limit the total annual cost responsibility to all pharmaceutical producers to \$2.5 million, which works out to roughly 2 cents per prescription when compared to more than \$4 billion in annual medicines sales in the state. The legislation was supported by the statewide “Take Back Your Meds” coalition, which includes more than 270 organizations and municipalities, including law enforcement, public health agencies, substance abuse prevention advocates, water quality agencies, local governments, and health and environmental organizations. Support for the secure medicine return legislation was on King County’s state legislative agenda in 2011 and 2012, and the issue has been in the county’s statement of state policy since 2009. Support for the secure medicine return legislation was on the City of Seattle’s state legislative agenda in 2010, 2011, and 2012. While the secure medicine take-back legislation advanced through House and Senate committees, and garnered substantial support, the legislation has not passed due to the opposition of the pharmaceutical industry, including PhRMA, individual pharmaceutical companies, and the Washington Biotechnology & Biomedical Association.

Attachments

1. Medicine Take-back Programs in King County as of May 2012
2. Map of Medicine Take-Back Locations in King County
3. Medicine Take-back Support from Law Enforcement and Local Govts in King County
4. Take Back Programs in Other Jurisdictions